

CANDIDATE'S SPECIAL REPORT

(2) Be able to understand or be protecting another's communication

This form is filed during the 20 day period immediately preceding an election to report (1) all receipts from a single source in excess of \$1,000 by major office candidates; in excess of \$500 by district office candidates; or, in excess of \$250 by any other office candidates, and/or (2) any payments exceeding \$200 to any person who endorses candidates and who is required to file campaign finance disclosure reports.

All candidates who have had any such transactions within the 20 days immediately preceding an election are required to report any such transaction on this form within 48 hours of the time the transaction occurred.

1. Qualifying Name and Address of Candidate MICHAEL CAZES P O BOX 1086 PORT ALLEN, LA 70767-1086		2. Office Sought (Indicate title of office as well as parish, city, town and/or election district.) SHERIFF WEST BATON ROUGE	OFFICE USE ONLY Report Number: 26505 Date Filed: 10/20/2011 Report Includes Schedules: repostmarked electronically Go to elect.electronic Gloss response to work 10/1 See
3. Name and address of principal campaign committee (Applicable only if candidate has a principal campaign committee)			
4. Date of Election <u>10/22/2011</u> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> (Check one)			
5. a. Name of Person Preparing Report:			
b. Daytime Telephone:			
6. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made for contributions received that are required to be disclosed have not been reported herein, nor that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.			
This <u>15th</u> day of <u>October</u> , <u>2011</u>			
<u>MICHAEL CAZES</u> Signature of Candidate/Chairperson (To be signed by Chairperson only if report by principal campaign committee)		Daytime Telephone Number _____	
Signature of Treasurer _____		Daytime Telephone Number _____	